

EVENT APPLICATION FORM

Name of Event

Personal No. (refer SCOUTS NZ membership card)

PERSONAL DETAILS

Surname

First name

Name for name tag

Address

Postal code

Telephone home: 0..... work: 0.....

Applicant's mobile: 0.....

Applicant's email:

Parent's email:

Date of Birth Age (as at start date)

Religion:

Applicant is a:

- Kea Scout Rover Male
 Cub Venturer Adult Leader Female
 Other (Organisation details)

Notes:

For all Overseas Events attach two passport type photos that show a clear view of your head and shoulders (no hats, glasses, scarves etc). Write your name on the back of photos.

For National Events and National Schools attach one photo or email a jpg format photo (no larger than 150k and clearly labelled with your first and last names).

National Events
reception@scouts.org.nz

National Schools
aviation@scouts.org.nz
canoe@scouts.org.nz
caving@scouts.org.nz
mountaincraft@scouts.org.nz
photography@scouts.org.nz
snow@scouts.org.nz

Complete for overseas events only

Place of birth

NZ citizen by birth Yes No

Other (give details)

Passport Number:

Expiry Date:

FEES (Unless noted otherwise a deposit of \$100 is required with all applications)

Enclosed the amount of \$..... being deposit/full fee.

CONSENT

Applicant (All applicants to sign)

I apply to attend the Event.

I accept the risks involved. I accept that I must fully participate in all activities and that I will satisfactorily complete all duties as reasonably required of me. I agree to abide by the Rules of SCOUTS New Zealand and the Rules of the Event.

I agree that photographs taken during the course of the Event are the property of SCOUTS New Zealand and may be used in publicity material.

Signature of applicant

Date

Parent/Caregiver (For all applicants less than 18 years of age)

I am willing to allow the applicant to attend the Event. I accept the risks involved and agree that the applicant will be amenable to the instructions of the adult leaders in whose charge he/she will be placed.

Signature of Parent/Caregiver

Date

PLEASE COMPLETE MEDICAL DETAILS ON REVERSE

GROUP LEADER'S RECOMMENDATION (Where no Group Leader is appointed, a Zone Leader must sign this recommendation)

I recommend the above as a suitable applicant and certify that they are eligible to attend.

Signature

Print Name

GROUP

ZONE

REGION

PRIVACY ACT

In compliance of the Privacy Act 1993 the following is brought to your attention.

- This application form collects information about you.
- The information is collected: -
 - to decide whether you may be included in the Event detailed above
 - to make arrangements for your participation and welfare should you be included.
- The information is being collected for SCOUTS New Zealand and will be used by the organisers and managers of the Event. It will form part of a directory of Scout Personnel and membership records and is available to your Group, Zone and Region. It may be used to inform you about products and services offered or recommended by SCOUTS New Zealand, and opportunities to support SCOUTS New Zealand's work.
- The information (other than medical information) will be held and stored electronically and used by SCOUTS New Zealand.
- You have rights to, and correction of, this information subject to the provisions of the Privacy Act 1993.
- It is intended the information you provide on the Medical Information Form be used by those responsible for your welfare at the Event and access to it is restricted accordingly. It will not be stored electronically and will be destroyed after the Event.
- Photographs will be taken at the Event and may be used for publicity and marketing of this and future Events.

March 2011 event_application_form.doc

Office use only

Date Received

Application is accepted/pending/declined

Date Acknowledged

Deposit Received \$

Balance Received \$

Receipt No.#

Receipt No.#

**ADVENTURE
PLUS!**

SCOUTS New Zealand - National SCOUT Centre
Level 1, 1 Kaiwharawhara Road, Kaiwharawhara, Wellington
m PO BOX 11348, Manners Street, Wellington, 6142 +64 04 815 9260
f +64 04 815 8890 e reception@scouts.org.nz



SCOUTS
New Zealand

EVENT APPLICATION FORM

Medical Information

Full Name Male Female

PERSONS TO CONTACT IN AN EMERGENCY DURING THE EVENT	
No 1	No 2.
Name:	Name:
Address	Address
Relationship	Relationship
Phone pvt: 0.....	Phone pvt: 0.....
bus: 0.....	bus: 0.....
mobile 0.....	mobile 0.....
Email	Email

APPLICANT'S DOCTOR
Name:
Address
Phone 0.....
mobile 0.....

Does the applicant suffer from any of the following?

(Tick the box if Yes, leave empty if No)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Fainting | <input type="checkbox"/> Hayfever | <input type="checkbox"/> Cardio Vascular Disease |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Sulpha Allergy | <input type="checkbox"/> Convulsions/Epilepsy | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Penicillin Allergy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Haemophilia |

If yes please attach details/requirements

Any other allergies or conditions

Any physical disability:

Dates of last immunisations or injections

Tetanus: Other (state) Date

If the last injection was more than 10 years ago we recommended you consult your Doctor.

Has a dentist checked the applicant in the last six months? Yes No

List all medications, appliances and aids that the applicant will be taking to the Event

Does the applicant have ADD/ADHD? Yes No If yes please detail most prevalent symptoms and medication

State any other medical factors:

Does the applicant have a Community Services Card? Yes No If Yes, Number

Does the applicant have Medical Insurance Yes No

Dietary Information

Has the applicant any special food requirements for medical, religious or other reasons? Yes No

If yes please attach specific requirements

Comments

I confirm the above is a true and complete statement of the applicant's health. I do not know of any other physical, mental or emotional problems. I agree to advise SCOUTS New Zealand as soon as possible if the applicant develops any illness or is exposed to any infectious disease before departure to the Event. I agree that the medical information may be released to suitably qualified medical personnel where appropriate. In the event of the applicant suffering accident or sickness while travelling to, participating in, or returning from the Event, I agree that any necessary medical attention may be arranged and I agree to reimburse any medical, hospital or other related expenses incurred by SCOUTS New Zealand.

SIGNATURE: DATE:

Note: If the applicant is under 18 years of age, Parent or Caregiver must sign, otherwise the applicant must sign.

PARENT/CAREGIVER: RELATIONSHIP:
(print name)